	 		S	Ubstitute for Fo	DETERMINA	TION RECORD	nation unless it disp	MO biles e zyeld	UF COMER	
1	CLAIMS AS FILED - PART I						1,511	Application or Docket Number		
	(Column 1) (Column 2)					SMALL ENT	rity as :	· OTH	ER THAI	
٠.	BASIC FEE (37 OFR 1.16(a		NUMBER	ILEO	NUMBER EXTRA	RATE		SMAL	L ENTITI	
	TOTAL CLAIMS (37 CFR 1.16(c))					2	FEE	RATE	FE	
	INDEPENDENT (37 CFR 1.16(b)	CLAUIO	minus 20 ± .		· · · · · · · · · · · · · · · · · · ·	x s 25=	OR	FO	5	
- [MULTIPLE DEPENDENT CLANACET					x s 100_	OR	x s <u>50</u> = x s <u>200</u>		
- [+5.180	OR OR	+360	-	
	If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	OR		·	
	CLAIMS AS AMENDED - PART II				l		- OR	TOTAL	<u> </u>	
\vdash		(Column CLAIM:		(Column		SMALL ENTIT	· OR	OTHER		
	והמושיני	REMAINI	AC	HIGHES NUMBER PREVIOUS	R. PRESENT	PATE	001-	SMALL E	NTITY	
	To(al (31 CFR 1.16(c	AMENOME 11 20	Minu	PAID FOR	2 2	TIO FE	NAL .	RATE	ADOF TIONAL	
	U (31 OFR 1.16(b)	3	Minu		=	x s 25 =	OR .	x 5 50 =	FEE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x s_100_	OR	x s 200		
						+ s 180=	OR	·310		
-	T	(Column 1)		(Column 2	(Column 3)	. ADD'L FEE		OTAL DO'L FEE		
A TN		CLAIMS REMAINING AFTER	1 .	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE ADD		·		
AMENDMENT	Total to cer red	AMENDMEN	. Minus	PAID FOR	EXTRA	TIONA	AL.	RATE	ADDÍ- TIONAL	
MEN	(3) CFR 1.16(b))		Minus	1	=	x s 25 =	OR X	50 ₌	FEE	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					× s <u>100</u> =	OR X	200_	-	
					+s180=		360			
()	· · · · · ·	(Column 1) CLAIMS		(Column 2)	(Column 3)	ADO'L FEE	OR AD	TAL D'L FEE		
AMENDMENT C	Total	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI-	,	PATE -	VD0I-	
S S	Total (37 CFR 1.16(c)) Independent		Minus	**	=	× s 25 =	-	τι	ONAL FEE_	
AME	(37 CFR 1,16(6))		Minus	414	=	x s 100	1	50 ₌		
	HRST PRESENT	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))					·]	200 360		
•	If the entry in co	olumn 1 is less tha	In the entar	in column 2, write	,	TOTAL	TOTA	AL .		
•••	If the "Highest N If the "Highest N The "Highest N	lumber Previously umber Previously	Paid For I	M THIS SPACE I N THIS SPACE I	s less than 20, ent	er *20*.	_ OR ADD:	L FEE		

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.